

**TOWN OF HOLBROOK  
OFFICE OF HUMAN RESOURCES**  
50 North Franklin Street  
Holbrook, MA 02343

**EMERGENCY CONTACT FORM**

This form will be used to contact the person of your choice in the event of an emergency at work.

Full Name (please print): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

**Primary Emergency Contact:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Secondary Emergency Contact:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Supervisor, please sign below and forward to Human Resources.

Date: \_\_\_\_\_ By: \_\_\_\_\_ Department: \_\_\_\_\_